

CLAIMS ONLY						Application Number 101630081	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
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49	49						99					
50	50						100					
Total Indep	<input type="checkbox"/>	Total Indep	<input type="checkbox"/>									
Total Depend	<input type="checkbox"/>	Total Depend	<input type="checkbox"/>									
Total Claims	14						Total Claims					